AMERICAN SOCIETY OF CRIME LABORATORY DIRECTORS
LABORATORY ACCREDITATION BOARD (ASCLD/LAB)

ANNUAL ACCREDITATION AUDIT REPORT FROM August 5, 2011 to July 13, 2012

Indicate the period of activity above. The period should include a full year from accreditation anniversary to the next anniversary. The Annual Report is due on or within 60 days after the laboratory's anniversary date.

Accreditation Certificate Number (Submit a separate form for each certificate number): 324

Laboratory Name: Austin Police Department

Agency Name: Austin Police Department

LABORATORY DIRECTOR: Check if changed since the last report ☐

Name: William Gibbens Title: Forensic Division Manager

Street / Mailing Address: 812 Springdale Road/PO Box 689001

City: Austin State/Province: TX Zip/Postal Code: 78768-9001

Country: USA Telephone: 512-974-5118 Fax: 512-974-6640

E-mail: bill.gibbens@austintexas.gov

NAME OF SYSTEM DIRECTOR (if applicable):

QUALITY MANAGER: Check if changed since the last report ☐

Name: Tony Arnold Title: Quality Assurance Manager

Telephone: 512-974-5103 Fax: 512-974-6640

E-mail: tony.arnold@austintexas.gov

LABORATORY DELEGATE (Check one)

☒ The Laboratory Director listed above is the Delegate.

☐ As Laboratory Director, I have named the following individual as the Delegate for this laboratory:

Name: Title:

Telephone: Fax:

E-mail:

SELF-EVALUATION OF COMPLIANCE

Using standards and criteria in the most current Accreditation Manual, a self-evaluation of your laboratory operations should form the basis for completing the following table.

	Total Number Possible	Total Yes	Total No	Total N/A	Percentage Yes
Essential	91	69	5	17	93
Important	45	40	3	2	93
Desirable	16	16	0	0	100

While the current manual should always be used for annual audits, laboratories which were accredited under the standards and criteria of an earlier version of the manual are not required to be in compliance with new standards which were added or raised to essential after their accreditation. **However, laboratories must include a statement concerning such standards, which they do not meet, to indicate the steps that are being taken to move toward compliance with those standards and criteria.**

This report must include explanations of any essential criteria scored "No" during the self-evaluation.

PERSONNEL

Total number of employees subject to proficiency testing (including vacancies): 60

The total number of employees subject to proficiency testing (including vacancies) is an important number and should be accurately determined. This is the number used to calculate your laboratory's shares for the annual administrative fee. The number should not include administrative or clerical personnel. The number does include all laboratory positions subject to proficiency testing, whether in training, providing technical support or currently vacant.

IMPORTANT . . . If the response to any of the following is YES, please attach an explanation

During the past year:

- Did the annual audit reveal any instance of substantive non-compliance with any ***Essential*** criteria? …….. …… ☒ Yes ☐ No

The primary purpose of the *Annual Accreditation Audit Report* is to document that the laboratory has made at least an annual determination that operations continue to be in compliance with accreditation standards, with a particular focus on *Essential* criteria. Laboratories must report *substantive* occurrences of non-compliance with essential criteria. "Substantive" means potentially having a significant bearing on the quality of the work of the laboratory, even if for a short period of time. With the expectation that a laboratory will always react internally and appropriately to instances of known non-compliance, it is not necessary to report every isolated occurrence of non-compliance. For deciding upon inclusion in this report, factors such as significance, substance and time-span of non-compliance should be evaluated. When in doubt, include the finding in your report.

- Was any discipline or sub-discipline added, reinstated, or suspended? …… ☐ Yes ☒ No

  List the discipline(s), action(s) taken and date: _____

- Did an inconsistency or error on a proficiency test occur that required corrective action to be implemented? ……..…… ☒ Yes ☐ No

- Did an inconsistency or error on casework occur that required corrective action to be implemented? ……..…… ☒ Yes ☐ No

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IMPORTANT . . . If the response to the following is NO, please attach an explanation

- Did the laboratory meet the external proficiency testing requirements of each discipline, including the submission of all test results by the test provider's deadline? …… ☒ Yes ☐ No

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SIGNATURE (A typed name should be inserted for reports submitted via E-mail)

William Gibbens	July 13, 2012
Laboratory Director	Date

INSTRUCTIONS

- Reports may be submitted electronically to tdolin@ascld-lab.org
  or mailed to: ASCLD/LAB, 139 J Technology Drive, Garner, NC 27529
- Questions about the completion of the *Annual Accreditation Audit Report* may be addressed to ASCLD/LAB at 919-773-2600 or mcreasy@ascld-lab.org

Every laboratory must submit an *Annual Accreditation Audit Report* to ASCLD/LAB on or within 60 days of the anniversary date of the laboratory's accreditation. This report and supporting documentation can serve as proof of an annual audit (1.4.2.3). Laboratories applying for accreditation must conduct an audit in order to complete the Grade Computation Sheets and other supporting documents required with the application. Those documents may serve as proof of an audit for the purpose of the accreditation inspection. Laboratories having an inspection for renewal of accreditation, may utilize the application documents and inspection report as supporting documentation of an audit for the year in which the inspection is conducted. While appropriate as supporting documentation, neither the

application for renewal, nor the subsequent inspection report replaces the required *Annual Accreditation Audit Report*.

M E M O R A N D U M

Austin Police Department
Field Support Services
Forensic Science Division

TO: Bill Gibbens, Division Manager
FROM: Tony Arnold, Quality Assurance Manager
DATE: July 16, 2012
SUBJECT: 2012 Annual Internal Audit

The Austin Police Department Forensic Science Division conducted its annual internal ASCLD/LAB accreditation audit during the month of June 2012. The audit was conducted by K. Sanchez, R. Salazar, I. Farrell, G. Karim, T. Arnold, B. Gibbens, C. Dean, E. Pusch, C. Carradine, J. Pena and J. Guerrerro. The audit consisted of examining the lab utilizing the criteria described in the 2008 ASCLD/LAB Legacy Program accreditation guidelines.
The Laboratory was found to be non-compliant to the following standards. The standards, the specific issue and the remediation to take place are listed below.

Standard: **1.1.2.5 (E) PREPARATION, STORAGE, SECURITY AND DISPOSITION OF CASE RECORDS AND REPORTS?**
Section: **Division**
Issue: The division manual does not address archival of case files to Iron Mountain
Remediation: The division SOPs have been modified by memorandum to include the process for archival of hard copy and electronic files. All affected employees have acknowledged in writing notification of the change.

Standard: **1.4.2.16 (E) Are conclusions and opinions in reports supported by data available in the case record, and are the examination documents sufficiently detailed such that, in the absence of the examiner(s), another competent examiner or supervisor could evaluate what was done and interpret the data?**
Section: **Chemistry**
Issue: During external audit, it was noted that documentation recorded during the examination of marihuana was not sufficient for another examiner to interpret the data.
Remediation: A review of the current SOPs indicates that the procedure in place is adequate. Analysts have been counseled on the importance of complete notes during analysis.

Standard: **1.4.2.17 (E) Is examination documentation of a permanent nature and is it free of obliterations or erasures?**
Section: **Chemistry**
Issue: During external audit, it was noted that the Chemistry Section does not define how the start and end dates of analysis are recorded.
Remediation: The Chemistry Section SOPs have been modified by memorandum to define the start and end dates of the analysis. All affected employees have acknowledged in writing notification of the change.

Standard: **1.4.2.25 (E) IF THE LABORATORY HAS AN INDICATION OF A SIGNIFICANT TECHNICAL PROBLEM, IS THERE A PROCEDURE IN WRITING AND IN USE WHEREBY THE LABORATORY INITIATES A REVIEW AND TAKES ANY CORRECTIVE ACTION REQUIRED?**
Section: **Division**
Issue: There is no written policy or procedure for issuance of Quality Issue Notifications although this process is in use.
Remediation: The division SOPs have been modified by memorandum to include the process for issuance of Quality Issue Notifications. All affected employees have acknowledged in writing notification of the change.

Standard: **1.4.3.4 (I) Does the laboratory conduct proficiency testing using re-examination or blind techniques?**
Section: **Division**
Issue: Re-examination or blind testing is not practiced within the Division.
Remedy: No action necessary
Conclusion: The laboratory is not in compliance with this criterion for 2011.

Standard: **2.6.1 (I) Does each examiner possess a baccalaureate degree with science courses?**
Section: **Firearms**
Issue: Not all examiners within the Firearms Section possess a baccalaureate degree.
Remedy: No action necessary
Conclusion: The laboratory is not in compliance with this criterion for 2011.

Standard: **2.8.1 (I) Does each examiner possess a baccalaureate degree with science courses?**
Section: **Latent Prints**
Issue: Not all examiners possess a baccalaureate degree.
Remedy: No action necessary
Conclusion: The laboratory is not in compliance with this criterion for 2011.

Standard: **3.3.1 (E) IS ACCESS TO THE OPERATIONAL AREA OF THE LABORATORY CONTROLLABLE AND LIMITED?**

Section: **Crime Scene**

Issue: The Crime Scene SOPs state that **"**All persons not assigned to the Crime Scene Section or the Latent Print Section will be escorted in the office and laboratory." The Quality Assurance Manager has unrestricted access to the office and laboratory areas.

Remediation: The Crime Scene SOPs have been modified by memorandum to allow access by the Quality Assurance Manager. All affected employees have acknowledged in writing notification of the change.

Grade Computation Sheets

CRITERIA		ESSENTIAL			IMPORTANT			DESIRABLE			
		Y	N	N/A	Y	N	N/A	Y	N	N/A	
1.1.1.1	(I)				x						
1.1.1.2	(I)				x						
1.1.1.3	(D)							x			
1.1.2.1	(I)				X						
1.1.2.2	(I)				X						
1.1.2.3	(E)	x									
1.1.2.4	(E)	x									
1.1.2.5	(E)		x								
1.1.2.6	(E)	x									
1.1.2.7	(E)	x									
1.1.2.8	(E)	x									
1.1.2.9	(D)							x			
1.1.2.10	(D)							x			
1.1.2.11	(D)							x			
1.1.2.12	(I)				x						
1.2.1.1	(D)							X			
1.2.1.2	(D)							X			
1.2.2.1	(I)				x						
1.2.2.2	(I)				x						
1.2.2.3	(I)				x						
1.2.2.4	(I)				x						
1.2.2.5	(I)				x						
E/I/D=6/10/6											
		Y	N	N/A	Y	N	N/A	Y	N	N/A	
TOTALS	22	5	1	0	10	0	0	6	0	0	22 TOTALS

LABORATORY

Grade Computation Sheets

		Y	N	N/A	Y	N	N/A	Y	N	N/A
1.2.2.6	(I)				x					
1.3.1.1	(D)							x		
1.3.1.2	(I)				x					
1.3.1.3	(D)							x		
1.3.2.1	(D)							x		
1.3.3.1	(E)	x								
1.3.3.2	(I)				x					
1.3.3.3	(I)				x					
1.3.3.4	(I)				x					
1.4.1.1	(E)	X								
1.4.1.2	(E)	X								
1.4.1.3	(E)	X								
1.4.1.4	(E)	X								
1.4.1.5	(E)	X								
1.4.1.6	(E)	X								
1.4.1.7	(E)	X								
1.4.1.8	(E)	X								
1.4.1.9	(E)	X								
1.4.2.1	(E)	X								
1.4.2.2	(E)	X								
1.4.2.3	(E)	X								
1.4.2.4	(E)	X								
E/I/D=14/5/3										
		Y	N	N/A	Y	N	N/A	Y	N	N/A
TOTALS	22	14	0	0	5	0	0	3	0	0

22 TOTALS

LABORATORY 0

Grade Computation Sheets

		Y	N	N/A	Y	N	N/A	Y	N	N/A
1.4.2.5	(E)	X								
1.4.2.6	(E)	X								
1.4.2.7	(E)	X								
1.4.2.8	(E)	X								
1.4.2.9	(E)	X								
1.4.2.10	(E)	X								
1.4.2.11	(I)				X					
1.4.2.12	(I)				X					
1.4.2.13	(E)	X								
1.4.2.14	(E)	X								
1.4.2.15	(E)	X								
1.4.2.16	(E)		X							
1.4.2.17	(E)		X							
1.4.2.18	(E)	X								
1.4.2.19	(E)	X								
1.4.2.20	(E)	X								
1.4.2.21	(E)	X								
1.4.2.22	(E)	X								
1.4.2.23	(E)	X								
1.4.2.24	(E)	X								
1.4.2.25	(E)		X							
1.4.3.1	(E)	X								
E/I/D=20/2/0										
		Y	N	N/A	Y	N	N/A	Y	N	N/A
TOTALS	22	17	3	0	2	0	0	0	0	0

22 TOTALS

LABORATORY 0

Grade Computation Sheets

		Y	N	N/A	Y	N	N/A	Y	N	N/A	
1.4.3.2	(E)	X									
1.4.3.3	(I)				X						
1.4.3.4	(I)					X					
1.4.3.5	(E)	X									
2.1.1	(I)				X						
2.1.2	(D)							X			
2.1.3	(D)							X			
2.1.4	(D)							X			
2.2.1	(E)	X									
2.2.2	(E)	X									
2.2.3	(E)	X									
2.2.4	(E)	X									
2.3.1	(E)	X									
2.3.2	(E)	X									
2.3.3	(E)	X									
2.3.4	(E)	X									
2.4.1	(E)			X							
2.4.2	(E)			X							
2.4.3	(E)			X							
2.4.4	(E)			X							
2.5.1	(E)	X									
2.5.2	(E)	X									
2.5.3	(E)	X									
E/I/D=17/3/3											
		Y	N	N/A	Y	N	N/A	Y	N	N/A	
TOTALS	23	13	0	4	2	1	0	3	0	0	23 TOTALS

LABORATORY 0

Grade Computation Sheets

		Y	N	N/A	Y	N	N/A	Y	N	N/A
2.5.4	(E)	X								
2.5.5	(E)	X								
2.5.6	(E)	X								
2.6.1	(I)					X				
2.6.2	(E)	X								
2.6.3	(E)	X								
2.6.4	(E)	X								
2.6.5	(E)	X								
2.7.1	(I)						X			
2.7.2	(E)			X						
2.7.3	(E)			X						
2.7.4	(E)			X						
2.7.5	(E)			X						
2.8.1	(I)					X				
2.8.2	(E)	X								
2.8.3	(E)	X								
2.8.4	(E)	X								
2.8.5	(E)	X								
2.9.1	(E)			X						
2.9.2	(E)			X						
2.9.3	(E)			X						
2.9.4	(E)			X						
E/I/D=19/3/0										
		Y	N	N/A	Y	N	N/A	Y	N	N/A
TOTALS	22	11	0	8	0	2	1	0	0	0

22 TOTALS

LABORATORY 0

Grade Computation Sheets

		Y	N	N/A	Y	N	N/A	Y	N	N/A	
2.9.5	(E)			X							
2.10.1	(E)	X									
2.10.2	(E)	X									
2.10.3	(E)	X									
2.10.4	(E)	X									
2.10.5	(E)	X									
2.11.1	(I)						X				
2.11.2	(E)			X							
2.11.3	(E)			X							
2.11.4	(E)			X							
2.11.5	(E)			X							
3.1.1	(I)				X						
3.1.2	(D)							X			
3.1.3	(I)				X						
3.1.4	(I)				X						
3.1.5	(I)				X						
3.1.6	(D)							X			
3.2.1	(I)				X						
3.2.2	(D)							X			
3.2.3	(I)				X						
3.2.4	(I)				X						
3.2.5	(I)				X						
E/I/D=10/9/3											
		Y	N	N/A	Y	N	N/A	Y	N	N/A	
TOTALS	22	5	0	5	8	0	1	3	0	0	22 TOTALS

LABORATORY 0

Grade Computation Sheets

		Y	N	N/A	Y	N	N/A	Y	N	N/A	
3.2.6	(I)				X						
3.3.1	(E)		X								
3.3.2	(E)	X									
3.3.3	(E)	X									
3.3.4	(E)	X									
3.3.5	(E)	X									
3.3.6	(I)				X						
3.4.1	(I)				X						
3.4.2	(I)				X						
3.4.3	(I)				X						
3.4.4	(I)				X						
3.4.5	(I)				X						
3.4.6	(I)				X						
3.4.7	(I)				X						
3.4.8	(I)				X						
3.4.9	(I)				X						
3.4.10	(I)				X						
3.4.11	(I)				X						
3.4.12	(D)							X			
E/I/D =5/13/1											
		Y	N	N/A	Y	N	N/A	Y	N	N/A	
TOTALS	19	4	1	0	13	0	0	1	0	0	19 TOTALS

LABORATORY 0

Summation of Criteria Ratings

	Number Possible	Total Yes	Total No	Total N/A	Number Yes+No	Percent Yes
Essential	91	69	5	17	74	93%
Important	45	40	3	2	43	93%
Desirable	16	16	0	0	16	100%

Calculations

Percent Essential =	Total Yes / Total Yes + Total No	X100 =	93.24%
Percent Important =	Total Yes / Total Yes + Total No	X100 =	93.02%
Percent Desirable =	Total Yes / Total Yes + Total No	X100 =	100.00%

Standards

Essential	100%
Important	75%
Desirable	50%

Note:N/A answers will not be counted in above calculations but each N/A answer must be explained in writing.

Austin Police Department
Technical Support Bureau
Forensic Science Division

To: ASCLD/LAB
From: Tony Arnold
Quality Assurance Manager
Date: July 16, 2012

Re: Proficiency Test Inconsistency Report

Three internal proficiency exams were determined to contain class I or II inconsistencies:

PT-20115498 by D.Garcia-Morquecho contained a class I error, specifically that the photos obtained from the mock crime scene were unusable. The employee was removed from photographing crime scenes, was retrained and retested. After successful completion of a second proficiency, the analyst was authorized to return to casework by the Laboratory Director.

PT-20112317 by J. Bixler contained a class I error, specifically that the photos obtained from the mock crime scene were unusable. The employee was removed from photographing crime scenes, was retrained and retested. After successful completion of a second proficiency, the analyst was authorized to return to casework by the Laboratory Director.

PT-20116206 by J. Thornton contained a class II error, specifically that the evidence packaged from the mock crime scene was not properly marked. The employee was not removed from casework and was counseled regarding attention to proper evidence labeling.